



Open Enrollment Change Request for Retirees

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

For Retirees only. (Active employees — contact your Personnel Office.) Changes effective the following January 1.

To save time, complete this form before you call to request changes over the phone.

Section 1

Type of Change

- ☐ Change My Health Plan
☐ Enroll in a Health Plan.** (Complete all sections.)
☐ Add Eligible Dependents to My Health Plan.*

(Complete Retiree Information, Dependent Information, and Retiree Signature.)

Open Enrollment plan changes can be done over the phone by calling 888 CalPERS (or 888-225-7377).

Section 2

Retiree Information

Name (First Name, Middle Initial, Last Name)		Social Security Number
Birthdate (mm/dd/yyyy)	Daytime Phone	Evening Phone
Address		County (residence)
City	State	ZIP
Retirement Date (mm/dd/yyyy)	Name of Former Employer	

Are you or any of your dependents on Medicare Disability? If yes, send a copy of Medicare cards.

Member ☐ Yes ☐ No

Dependent ☐ Yes ☐ No

Are you or any of your dependents enrolled in both Parts A & B of Medicare? If yes, send a copy of Medicare cards.

Member ☐ Yes ☐ No

Dependent ☐ Yes ☐ No

Section 3

Health Plan

Name of New Health Plan	Name of Doctor/Medical Group (include ID#s, if known)
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Section 4

Dependent Information

If you have more than 3 dependents, please include on a separate page.

Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Doctor or Medical Group	
Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Doctor or Medical Group	
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